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APPLICANTS Michael Scott Sulprizio, Gardnerville, NV;				
** CONTINUING DATA ***** None SB				
** FOREIGN APPLICATIONS ***** None SB				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY NV	SHEETS DRAWING 7	TOTAL CLAIMS 33
Verified and Acknowledged Examiner's Signature Initials		INDEPENDENT CLAIMS 3		
ADDRESS 26252				
TITLE Prosthetic Foot				
FILING FEE RECEIVED 492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	